\(\int_{i}\)									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 09380 784												1		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM/	LL E	NTITY	OR	OTHER SMALL I			
TOTAL CLAIMS /							R	ATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 37		OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		×	\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 g				×	42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT				+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							T	TOTAL		OR	TOTAL	190		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	1ALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* 8	Minus	 2		-	×	\$ 9=		OR	X\$18€	1		
	Independent	• 3	Minus	***	<u> </u>	=/	×	42=		OR	384			
	FIRST PRESE	NTATION OF MU	CLAIM		+1	40=		OR	310	/				
							L_	TOTAL		OR	TOTAL ADDIT, FEE	(1)		
	(Column 1) (Column 2) (Column 3)							IT. FEE	<u> </u>		ADUII. PEE	/		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	KEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	·		
	Independent	*	Minus	###	T (2) A (1) A]=	. ×	42=		OR	X84=			
_	FINST PRESE	NTATION OF MI	JUITLE DEF	ENDEN	CLAUM		+1	40=		OR	+280=			
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY - FOR	,PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	44		=	X	\$ 9=		OR	X\$18=			
PME	Independent		Minus	***		-	X	42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE			
"		imber Previously P aber Previously Pa					r tound i	n the ap	propriate bo	x in co				

BEST AVAILABLE CODY

Application or Docket Number